TO: WARDEN B.TRUE
MARION FEDERAL PRISON-USP
MARION, ILLINOIS, 62959

SUBJECT: REQUEST FOR RECOMMENDATION FOR COMPASSIONATE RELEASE

DATE: JANUARY 17, 2017

02005045 - CASSITY, JAMES DOUGLAS - Unit: MAR-J-A

EXTRAORDINARY AND COMPELLING CIRCUMSTANCES THAT WARRANT CONSIDERATION FOR COMPASSIONATE RELEASE

I, James Douglas Cassity, age 70, Register Number 02005-045, request that the Warden B. True, Marion Federal Prison, recommend that the Bureau of Prisons file a motion with the United States District Court that I be granted a Compassionate Release. Unless early release is granted, I would be 76 years old on my projected release date.

My deteriorating medical condition is exactly the type of condition referred to by recent amendments to the Federal Sentencing Guidelines which went into effect November 1, 2016. The new amendments recommend that inmates who suffer from "deteriorating health due to aging that will not improve and substantially diminish the prisoner's ability to care for him or herself in prison" be recommended to the Sentencing Court for release. The Commission "encouraged the BOP to file a motion in any case for any prisoner who meets any of the criteria and leave it to the Sentencing Court to determine whether a reduction in sentence is warranted."(Ex. A).

In the event of my release, I will reside either in St. Louis where my eldest son Brent, age 50, lives; or in Los Angeles, where my younger son Tyler, age 47, lives. Before I was incarcerated I was on Social Security and Medicare and would return to such status when released with support and care paid for and provided as per said program.

BASIS FOR REQUEST FOR COMPASSIONATE RELEASE

I suffer from the following deteriorating health conditions due to age:

(1) Chronic Diverticulitis resulting in Toxic Shock Syndrome, a coma and near death, 2016
(2) Heart Disease resulting in surgery December, 2015
(3) Diabetes
(4) Hypertension
(5) Hyperlipidemia
(6) Dysperia
(7) Gout
(8) Diabetic deformed feet, hammer toes, and bad circulation
(9) Deafness
(10) Kidney cancer (in remission)
(11) Chronic back pain (herniated disk)

The BOP medical staff has prescribed 10 medications which I take daily. The BOP has incurred major costs of hundreds of thousands of dollars for outside medical treatment for my medical treatment. I had heart surgery and a stent placed in my heart in December, 2015. Diverticulitis resulted in perforation of my colon and leakage of toxic sepsis bacteria into my body in February, 2016. The resulting Toxic Shock Syndrome culminated in my lapsing into a coma. The local hospital in Marion, after diagnosing the Toxic Shock Syndrome, concluded that "patient is high risk for mortality and morbidity due to sepsis" and transferred me by ambulance for intensive treatment to Barnes Hospital in St. Louis where 3 cups of sepsis were drained from my liver. Other organs that were damaged have regained functionality, but remain at risk. I was ultimately released from the hospital and returned to Marion Prison Camp where I have am trying to recover to the best of my ability. (Ex. B and C).

All of the ailments that I suffer from have no prospect of improving, but will continue to accelerate as I age into my 70s. Because of the chronic diverticulitis, I not only am in constant pain, but the prospect of leakage of my colon and death or another multi-hundred thousand dollar medical expense incurred by the BOP to again save my life is very likely. This risk is in addition to the ongoing medical treatment and daily medical prescriptions needed to keep me alive.

LEGAL SUPPORT FOR RECOMMENDATION FOR COMPASSIONATE RELEASE

The U.S. Sentencing Commission has amended its guidelines to the BOP in regard to Compassionate Release, effective

November 1, 2016, obviously in reaction to harsh criticism of the high costs of incarcerating elderly prisoners. In "Nursing Homes Behind Bars," the New York Times at page A22 on September 29, 2013 (EX D) stated one of the most long-known and sensible fixes to the high costs of incarceration is releasing older non-violent prisoners.

Elderly prisoners are twice as expensive to house as younger inmates and prisons are not designed to be nursing homes, the Times points out. It does not take many prisoners like me with medical costs in excess of a $100,000 per year to drive up the total costs to outrageous heights.

The article points out that while 50% of younger inmates re-offend, less than 4% of elderly inmates over 65 re-offend...and that 4% includes violent offenders. Without doubt, the percentage would be even less for white-collar non-violent offenders. Indeed the only downside the Times could find for early release of the elderly inmates is a "backlash that can come from letting a convicted murderer go free." I am a businessman not a murderer.

The New York Times reiterated those views in a January 3, 2017 article (Ex. E). This time noting that the problem of running prisons like nursing homes behind bars is "overwhelming the state and federal prison systems." The Times continued, "Unless prisons adopt a common sense approach of releasing older inmates who present no danger to the public, this could soon account for a full third of the prison population behind bars."

The U.S. Sentencing Commission has recognized the crisis and the new guidelines perfectly describe my condition. As an elderly inmate with the above described conditions of deteriorating health due to aging that will not improve and will continue to diminish my ability to care for my self in prison, the Commission recommends that, in such circumstances, my case be referred to the Sentencing Court for decision. (Ex A).

I would urge that the Commission's recommendations be applied to my situation and that I be returned to my sons to be cared for by them. During the last year the BOP has gone to extraordinary expenses to keep me alive, how many hundreds of thousands has been expended on me, I do not know...but from colonoscopy to heart surgery to heroic efforts to revive me from my near death experience with toxic shock syndrome the hospital expenses have been extraordinary. But the leakage from my colon due to my chronic diverticulitis could reoccur at any time leading to more outrageous costs or death.

Therefore, I respectfully request that you recommend that I be referred to the Sentencing Court for a hearing on my Compassionate Release.

DATED Jan 17, 2017

JAMES DOUGLAS CASSITY
Register Number 02005-045

Reduction In Sentence Medical Review/Summary

A medical summary is required for any inmate who is recommended by the warden for a Reduction in Sentence due to a medical condition. There are two categories to consider: 1) Elderly Component (Age 65 or over with a medical condition), or 2) Medical Component (terminal or medical debilitated). The "Elderly" component and "Medical" component both require a medical summary from the institution Clinical Director documenting the inmate meets the medical criteria. ***See PS 5050.49 for further clarification.***

This form is a tool that can be used to document the medical summary for a RIS.

INSTITUTION	REGION	COMPLETED BY	DATE
USP Marion	North Central	Caleb Meyer APRN-CNP	2/22/2017

INMATE NAME	REG. NO.	INMATE AGE	DATE OF INCARCERATION	PREJECTED RELEASE DATE
Cassity, James Douglas	02005-045	70	12-03-2013	05/22/2022

FOR WHAT RIS CATIGORY IS INMATE BEING CONSIDERED? (CHOOSE ONLY ONE CATIGORY)

Elderly with a Medical Condition ☑	Medically Debilitated ☐	Terminal Medical Condition ☐

If category is "Elderly with Medical Condition" complete Section I & II.
If "Terminal" or" Medically Debilitated", complete Section I & III.

SECION I: MEDICAL SUMMARY

HISTORY OF COMPLAINT

Saw cardiologist 2-13-2017 and continued medical management of cardiac conditions was recommended. Had urgent surgery February 2016 after developing liver abscess secondary to diverticulitis.

PAST MEDICAL HISTORY

Diabetes Mellitus Type 2, Hyperlipidemia, hypertension, coronary artery disease(first stent 1998, most recent stent 12/2015), grade 1 dysastolic dysfunction, Cataract OD, Diverticulitis of Intestine, Chronic Kidney Disease stage 3, Gout, lumbago, History of Liver Abscess.

PAST SURGICAL HISTORY

Udescended testicle removeal 1989, cad s/p PCI with stent in 1998 and 2015, February 2016 had abdominal surgery to remove and drain liver abscess secondary to diverticulitis resulting in toxic shock.

MEDICATIONS

Allopurinol 100 mg QD, ASA 81 mg QD, atorvastatin 80mg QD, HCTZ 12.5 mg QD, isosorbide mononitrate ER 30 mg QD, Lisinopril 5 mg QD, Metformin 1000 mg BID, metoprolol tartrate 25 mg bid.

ALLERGIES

NKDA

SOCIAL HISTORY

Denies any history of alcohol, drug or tobacco abuse.

FAMILY HISTORY

Father died at 76 years of MI, had history of dm2, cad, htn, and 2 cabg surgeries. Mother died at age 65 during third CABG surgery, hx of cad and htn. Has 2 sibling, one sister is healthy and the other sister has hx of breast cancher and meth abuse.

PHYSICAL EXAMINATION

Physical Examination.

VITAL SIGNS

Temperature: 97.4	Heart Rate: 59	Respiratory Rate: 14	Blood Pressure 142/89

GENERAL

Pleasant affect, cooperative. Alert et oriented x 3

HEAD AND NECK

normocephalic

RESPIRATORY

Lungs CTA

CARDIOVASCULAR

RRR, Normal s1 and s2, No murmurs, rubs, or gallops

ABDOMEN

EXTREMITIES

NO edema . Mildly abnormal foot monofilament exam.

DIAGNOSTIC DATA (INCLUDE TEST RESULTS, CONSULTATIONS, REFERRAL REPORTS/OPINIONS)

Saw cardiologist 2/17 and Plavix was stopped, instructed to continue on medical management. Normal cbc and microalbumin, HBA1c 6.0%, total cholesterol 143, hdl 30, ldl 78. Cmp shows creatinine 1.5 with K+ 5.3.

DIAGNOSIS

Diabetes Mellitus Type 2, Hyperlipidemia, hypertension, coronary artery disease(first stent 1998, most recent stent 12/2015), grade 1 dysastolic dysfunction, Cataract OD, Diverticulitis of Intestine, Chronic Kidney Disease stage 3

HOSPITAL COURSE AND TREATMENT

No hospitalizations since 2/2016 hospitalization for liver abscess.

CURRENT CONDITION (NOTE ACTIVITIES OF DAILY LIVING, BEDRIDDEN, OUTPATIENT/INPATIENT STATUS)

Ambulates per self on compound. Has low bunk pass.

PROGNOSIS

Fair

SECTION II: ELDERLY WITH MEDICAL CONDITION

Does the inmate suffer from a chronic or serious medical condition related to the aging process or is experiencing deteriorating physical (or mental) health that substantially diminishes his/her ability to function in a correctional facility?

YES ☑ NO ☐

Can the BOP provide conventional treatment that can substantially improve the inmate's mental or physical condition?

YES ☐ NO ☑

SECTION III: MEDICAL(TERMINAL OR DEBILITATED)

Has the inmate been diagnosed with a terminal, incurable disease and whose life expectancy is eighteen (18) months or less?

YES ☐ NO ☐

If yes, what is the current life expectancy? Enter Life Expectancy

**Does the inmate have an incurable, progressive illness (or)
Has the inmate suffered a debilitating injury from which he/she will not recover?**

YES ☐ NO ☐

AND, is the inmate completely disabled, unable to perform activities of daily living and totally confined to a bed or chair OR is the inmate only capable of limited self-care and confined to a bed or chair more than 50% of waking hours?

YES ☐ NO ☐

SIGNATURE

HEALTH SERVICES UNIT
MARION FEDERAL PRISON CAMP
P.O. BOX 2000
MARION, IL. 62959

**USP Marion
Medical**

INMATE NAME	REG. NO
Cassity, James Douglas	02005-045